

COMMERCIAL DEMOLITION

CONTRACTOR NAME AND CONTRACTOR LICENSE #:

ADDRESS: _____ PHONE #: _____

PROPERTY OWNER NAME AS LISTED ON TAXES:

ADDRESS: _____ PHONE #: _____

TYPE JOB: _____ PROPOSED USE: _____

DIRECTIONS TO JOB OFF U.S. HIGHWAY (29, 41,40;57 OR 58):

BUILDING SIZE: _____ W _____ L

2ND STORY _____ W _____ L TOTAL SQUARE FEET: _____

PUBLIC WATER: _____ PUBLIC SEWER: _____ PRIVATE WELL _____ PRIVATE SEWAGE SYS: _____

COST OF JOB (ESTIMATED): _____

NAME OF APPLICANT: _____ PHONE #: _____

EMAIL ADDRESS: _____ CHECK IN MAIL: _____ PICK UP & PAY _____

SIGNATURE OF APPLICANT: _____